

EXHIBIT 48

Customer Name:
McKesson Sales Representative:
McKesson DC:

Questionnaire completed:
Affidavit signed:
Regulatory Review:

Approved:
Regional Director Regulatory Affairs

Pharmacy Questionnaire

The following information is to be completed by Pharmacy owner and McKesson Sales Representative during on-site evaluation.

☐ New Customer ☐ Existing Customer – New Location

I. General Information & Licensing

a. Pharmacy Name:
DBA ____ (if name differs from Corporate name)

b. Pharmacy Address:

c. Phone: ____ Fax:

d. Pharmacy email address:

e. Pharmacy License (Include all states in which licensed)

State	License #

f. DEA Registration number:

i. Does address on registration match pharmacy actual address?

☐ Yes ☐ No

g. Pharmacist Licenses

Pharmacist-in-charge (PIC) (List all states pharmacists licensed)

Owner is PIC ☐

Name	State	License #

Pharmacists

Name	State	License #

II. Ownership/Business History

- a. Owner Information (complete only if owner differs from PIC)

Owner(s) name: _____

DBA: _____

Address: _____

Phone: _____

- b. Ownership type:

☐ Sole Proprietor☐ Corporation, if so State _____☐ Partnership

- c. Number of years owner has operated pharmacy _____

- d. Owner operates additional pharmacies
- ☐
- Yes
- ☐
- No

Pharmacy Name	Address

- e. History. Please provide explanation below for any Yes answers.

- i. Has pharmacy ever had DEA license suspended or revoked?

☐ Yes ☐ No

- ii. Has pharmacy ever had a state license suspended or revoked?

☐ Yes ☐ No

- iii. Has pharmacy owner ever had a DEA license suspended or revoked at this location or any other location?

☐ Yes ☐ No

- iv. Has any pharmacist ever had their state license suspended or revoked and/or been disciplined by any regulatory agency?

☐ Yes ☐ No

- v. Does the pharmacy have any other registration (wholesale, repackaging)?

☐ Yes ☐ No

- vi. Does pharmacy ship into any states it is not licensed for?

☐ Yes ☐ No

- vii. Has any previous wholesaler ceased shipping or restricted purchases of controlled substances?

☐ Yes ☐ No

Explanation:

III. Business Information

- a. List wholesale distributors used in last 24 months

Wholesaler	Primary	Secondary

- b. How does pharmacy receive business, please list percent %

Walk-in

Phone

Fax

Internet

- c. Is the pharmacy affiliated with an Internet Website or have it's own site?

If yes, web address

- d. Does pharmacy download and fill prescriptions from a website?

If yes, web address

- e. Pain Management Clinics

- i. Does pharmacy provide direct service to or does it receive significant business from Pain Management Clinics?

☐ Yes ☐ No If yes, %

Name of Pain Management Clinics	Address	Prescribers Name

- f. Does pharmacy service nursing homes, Long Term Care or hospice facilities?
☐Yes ☐No
- g. Is pharmacy located with in a medical center or clinic?
☐Yes ☐No
- h. Is this a closed door pharmacy?
☐Yes ☐No
- i. Does pharmacy regularly fill prescriptions written by out of state providers?
☐Yes ☐No

IV. Purchasing Information

- a. Total Estimated Monthly Purchases \$
- b. Purchase breakdown:
Rx % ____ (including listed chemicals and controlled substance)
Controlled Substance %
Listed chemical %
Non-Rx (OTC/HBA/DME) %
- c. Prescriptions filled per day ____ per month
- d. Method of payment to the pharmacy:
Private Insurance %
Medicare/Medicaid %
Cash %
Other %

V. Controlled Substance Purchases

- a. Estimate dose units (tablets/capsules) dispensed per month for each of the following Controlled Substances. Total of all brand and generic for the base items.
Hydrocodone ____ Phentermine
Oxycodone ____ Methadone
Alprazolam ____
- b. If any of the above is greater than 5000 dose units please provide information to support purchase levels.

Explanation:

VI. *Physical Inspection*

- a. General description of pharmacy and surrounding area in which business is located, include condition of the pharmacy.
- b. General description of pharmacy customers.
- c. Does pharmacy have adequate security?

Photograph pharmacy outside and inside include front entrance, pharmacy interior, pharmacy counter.

McKesson Sales Representative

Owner/Pharmacist